## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10010313181

		CLAIMS AS	FILED - F	_	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			20				[	RATE	FEE		RATE	FEE
FOR NUMBER					NUMBE	R EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS 20			20 minu	ıs 20=	*	0		X\$ 9=		OR	X\$18=	0
INDEPENDENT CLAIMS 3			3 min	nus 3 = * 0				X42=		OR	X84=	U
MULTIPLE DEPENDENT CLAIM PRESENT					·			+140=		OR	+280=	0
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL	740.W
CLAIMS AS AMENDED - PART II								SMALL E	NTITY	OR	OTHER SMALL I	
_	[ X X X X X X X X X X X X X X X X X X X	(Column 1) CLAIMS		(Colur		(Column 3) I	1 r	SWALL	ADDI-		OMALL:	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	1	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN'	T CLAIM		J	+140=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
			ADDIT. FEE		•	ADDII. I CC						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVI	mn 2) HEST MBER OUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	FOR	=		X\$ 9=	FEC	OR	X\$18=	
	Independent	*	Minus	***		=	]	X42=		OR	X84=	
_<	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM			110			.000	
								+140= TOTAL		OR	+280= TOTAL	
			ADDIT. FEE		OR	ADDIT. FEE						
		(Column 1)			ımn 2)	(Column 3)	<u>,</u>			•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	1
	FIRST PRESENTATION OF MULTIPLE DEPEN				IT CLAIM		<b>.</b> L					
										OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
l "	The #1 liebest No	mber Previously	aid Ear" (Total a	r Indense	dent) ie th	e highest numb	her fo	und in the an	propriate bo	x in co	olumn 1.	